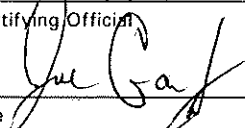


Fixed
2/17/97

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) H3 Elgin City Police Department PO Box 128 Elgin, OR 97827-0000						
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☒ No		7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 10/01/96		To: (Month, Day, Year) 12/31/96
10. Transactions:				I Previously Reported 09/30/96	II This Period	III Cumulative
a. Total outlays				43,672.00	89,341-	52,606-
b. Recipient share of outlays				3,185.00	1,760-	4,945-
c. Federal share of outlays				40,487.00	7,174-	47,661-
d. Total unliquidated obligations				***	***	
e. Recipient share of unliquidated obligations				FOR	FOR	
f. Federal share of unliquidated obligations				OJP	OJP	
g. Total Federal share (Sum of lines c and f)				USE	USE	47,661
h. Total Federal funds authorized for this funding period				ONLY	ONLY	69,701.00
i. Unobligated balance of Federal funds (Line h minus line g)				***	***	22,040
11. Indirect Expense						
a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$				PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$		
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Joe GARLITZ					Telephone (Area code, number and extension) 541 437-2253	
Signature of Authorized Certifying Official 					Date Report Submitted 2/17/97	

Weaver

96

	Oct	Nov	Dec	
Salary	2088	2480	1965	
FICA	129	149	122	
Medicare	30	35	28	
PERS	125	145	118	
Med insur	358	358	358	
5% Work Comp	104	120	98	
3% Unempl	63	72	59	
Totals	2,897	3,289	2748	8,934
				474

Sub total .803

Fed 7,174
City 1,760